MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL

SUBJECT: Scooter (Power Operated Vehicle) APPLIES TO: MHP☒ MLTCP ☒ MSSP☒ HEALTHSELECT☒	Protocol #: PA P212.02 Total Pages: 2 Attachments: Yes☐ No☒ Initial Effective Date: June 1999 Latest Review Date: May 2002

MIHS HEALTH PLANS APPROVALS:

Director, Medical Management:_____Date:_____

Medical Director:_____Date:_____

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Scooter (Power Operated Vehicle).

PROTOCOL:

A. The prior-authorization specialist may approve **with prior authorization nurse review** and if **all** of the following are present:

1. The patient's condition would be restricted to bed or chair if the device is not supplied;
2. The patient is unable to operate a manual wheelchair (including lightweights);
3. Demonstration that an electric wheelchair has been tried and is not a viable option;
4. The member must be able to safely operate the controls of the device;
5. The member must be able to transfer safely in and out of the device;
6. The device must be stable for a safe ride and the patient must have adequate trunk stability and be able to ride safely;
7. The member must demonstrate adequate visual acuity to safely operate the device. If requested, a vision test is required;
8. Primary use of the device is within the home, not outside the home;
9. The device is capable of being used within the home's physical environment;
10. The device will not be used in conjunction with other mobility DME, i.e. manual wheelchair, cane, walker, and crutches **and**
11. The device is prescribed by one of the following specialties: Physical Medicine, Orthopedic Surgery, Neurology or Rheumatology.

B. A home care visit may need to be authorized to assess functional abilities of patient.

Note: Maintenance and repair will not be provided for a scooter not prior-authorized by MMCS and/or the patient does not meet the above criteria.

C. This criteria is a guideline for prior authorization and does not represent a standard of practice or

care.

D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

E. If requirements are not met, Medical Director review is required.